

Colorado Department of Public Health and Environment Compliance Assurance & Data Management Unit

REPORTING FORM FOR MICROSCOPIC PARTICULATE ANALYSIS

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT

PWSID #:	SID #: COUNTY:		_ DATE	DATE COLLECTED: / /		
SYSTEM/ESTABLISHM	IENT NAME:					
SYSTEM MAILING AD						
SISIEW WAILING AD		ess/PO Box	CITY		STATE ZIP	
CONTACT PERSON:			PHON	E: <u>(</u>)		
SAMPLE COLLECTED	BY:		TIME	COLLECTED:	am/pm	
WATER TYPE:	RAW 🗌	FINISHED	SURF	ACE 🗌	GROUND	
SOURCE/WTP NAME:			QUANTITY SA	AMPLED:	LITERS	
		For Laboratory Us	e Only Below Thi	is Line ====		
LABORATORY SAMPLE #			•	SAMPLE METHOD		
LABORATORY NAME				LAB PHONE # ()		
DATE RECEIVED IN LABORATORY/				DATE ANALYZED:/		
MICROORGANISMS	RAV	V WATER (Number	rs ner 100 L.)	FINISHED WA	ATER (Numbers per 100 L)	
Cryptosporidium total IFA (v viii Eit (rumber	s per 100 L)	THUSIED W	TIER (Numbers per 100 E)	
Giardia total IFA Count						
Nondiatomaceous Algae						
Diatoms						
Plant Debris						
Rotifers						
Nematodes						
Pollen						
Ameba						
Ciliates						
Colorless Flagellates						
Crustaceans						
Other Arthropods						
Insects/larvae						
Other						
Giardia by Consensus Metho	nd .					
Coccidia by Consensus Meth						
·						
EVALUATION	PEI	RCENT REDUC	TION	LOG REDU	JCTION	
Centrifugate Removal						
Microorganism Removal						
Turbidity, NTU						
RISK LEVEL (Ground	Water)					
					/	
Reviewed & Approved by	<u></u>		Title		Date	
MAIL RESULTS TO: C	DPHE, WQCD-C	CADM-B2, 4300 Cl	nerry Creek Drive	e South, Denver, (CO 80246-1530	